

KU LEUVEN

"Body image therapy for patients with Eating Disorders: scientific and clinical perspectives"



NHS Grampian 8th Eating Disorders Conference "New Treatments for Eating Disorders" 12 & 13 November 2015

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What is body image therapy?



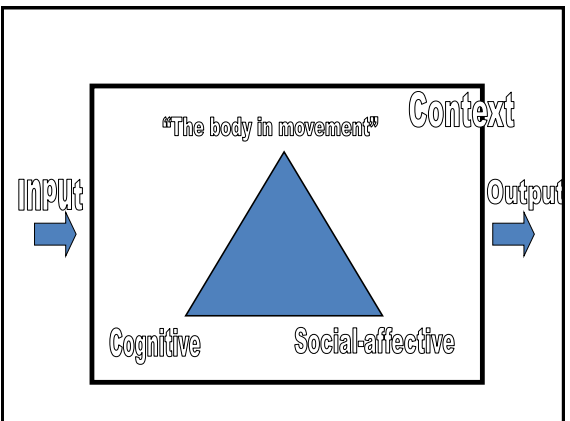
"There is nothing more practical than a good theory."

Kurt Lewin
1952

What is body image therapy? Definition

- a method of treatment (part of physiotherapy)
- **"The body in movement"**
- a body image assessment
- in a methodical way
- in consultation with the patients
- to realise clearly formulated goals

The importance to have a good theory !

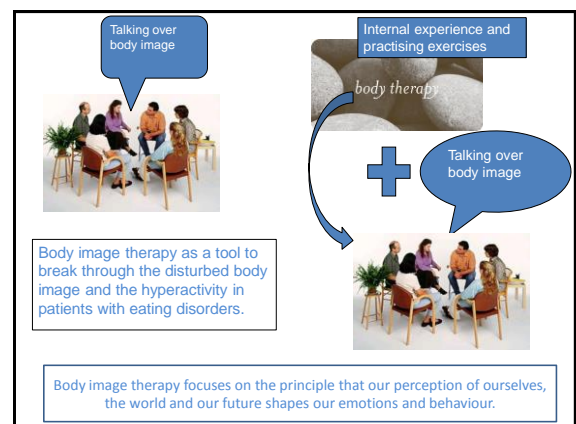


A

- Body image is a secondary problem in eating disorders

B

- Body image is a primary problem in eating disorders



Belgian situation



- Body image therapist = psychomotor therapist
- Psychomotor therapist = physiotherapist with a major "mental health"
- Physiotherapist = university-qualified (5 years)
- A good theory = accredited; >> alternative approaches

Body image Body experience

P. F. Schilder (1886-1940)

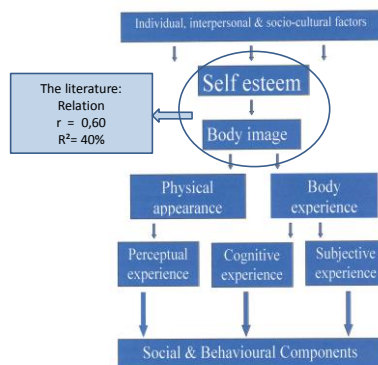


The picture of our own body which we form in our own mind or the way the body appears to ourselves"
Schilder, 1935

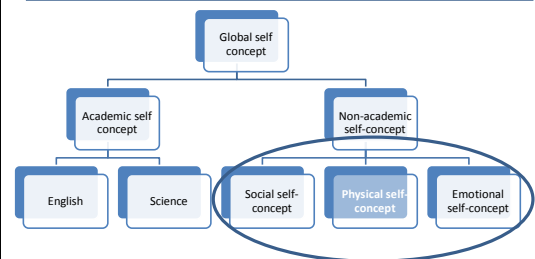
Thomas Cash (~1947)



« Body image is a multi-faceted concept that refers to persons' perceptions and attitudes about their own body, particularly but not exclusively its appearance» (2003)



Self- concept: multidimensional & hierarchical structure



(Shavelson et al., 1976; Marsh, 1997; Fox, 1989; Fortes et al., 2004; Kowalski et al., 2003; Morin et al., submitted)

Self concept (theory of Marsh, Fox e.a.)



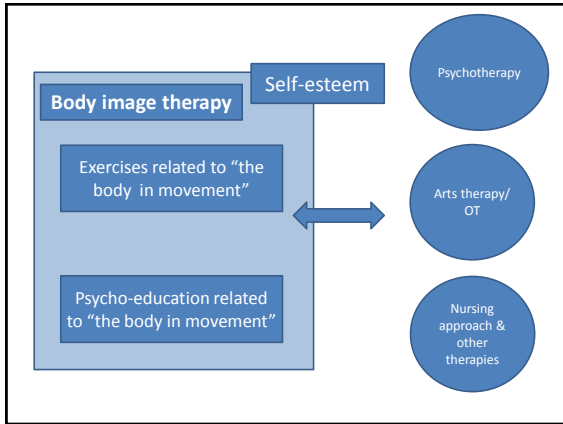
- Physical self concept / Impression
- Emotional self concept / expression
- Social self concept / communication



Edgar Degas
1834-1917

Physical self in relation to

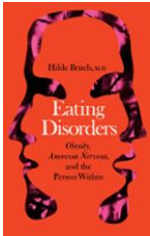
- Physiologic & motor issues
- Sensory issues
- Cognition
- Affect
- Behaviour
- Communication
- Relational issues
- Symbolic issues



The focus of the body image approach

Children	AN	Individual	Inpatient
Adolescents	BN	Group	Outpatient
Adults	BED		Day treatment
	EDNOS		
	FEED SEED		

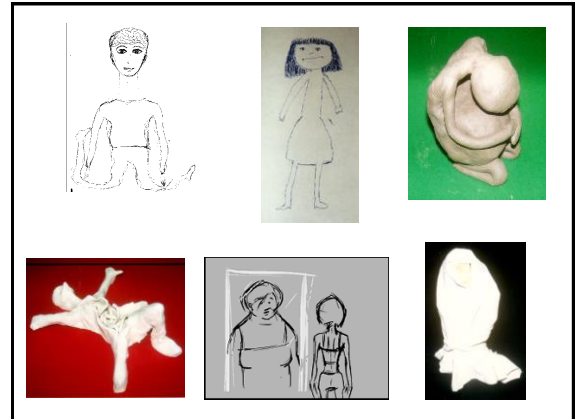
Once upon a time, there was...



Perceptual and Conceptual Disturbances in Anorexia Nervosa
HILDE BRUCH, MD

The perceptual and conceptual disturbances in anorexia nervosa are described in this paper. The author discusses the role of the body image in the development of the disorder and the importance of the body image in the treatment of the disorder. The author also discusses the role of the body image in the development of the disorder and the importance of the body image in the treatment of the disorder.

An amelioration of a dysfunctional body image is necessary for effective treatment of ED [Bruch, 1973]



Excessive exercise



- A voluntary increase in physical activities, not motivated by pleasure or the desire to be healthy, but out of concern with body weight (burning calories, ignoring hunger) and appearance.

For example:
10 000 sit ups!
If one second/sit up: 3hrs
If two seconds/sit up: 6hrs

Psychological mechanisms

- Effective method to spend calories and lose weight
- Form of emotion-regulation to diminish negative feelings
- Escape from feelings of emptiness
- Behaviour that has become stereotyped ritualised, compulsive



- Ziemer, R.R. & Ross, J.L. (1970). Anorexia nervosa: a new approach. *Am Correct Ther J*, 24 34-42

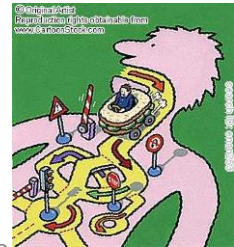
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- Probst, M., Van Coppenolle, H., Vandereycken, W. (1995). Body experience in anorexia nervosa patients: an overview of therapeutic approaches. *Eating Disorders*, 3, 186-198.
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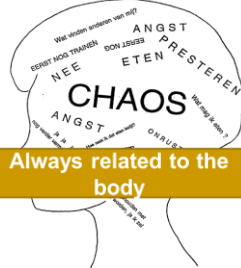
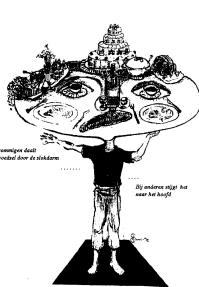
- The ED-unit of the UPC-KU Leuven believes that psychotherapy combined with body-oriented therapy are a more value for the treatment

What happen when you eat?



The food sinks into the oesophagus, the stomach to the intestine.

But in some cases



Always related to the body

Metaphor : war



John Locke, "Association of ideas" 1690



- Chaos
- Anxiety,
- Anger,
- Hopelessness,
- Violence,
- Danger,
- Fear, unrest, agitation,
- Enemies,
- Fight & fight,
- Power, control
- History,
- Prisoners,
- Pain,
- Sorrow, distress,
- Discrimination,
- Escaping,
- Waiting,
- No perspectives, no plans, no future

Metaphor: War

- **The armistice: war is over.**

- One has to be on the alert against unforeseen situations.
 - There is freedom. One can be more relaxed
- One needs time to become familiar with the new situation.
- One can start making plans for the future.
 - One can rebuild a new life

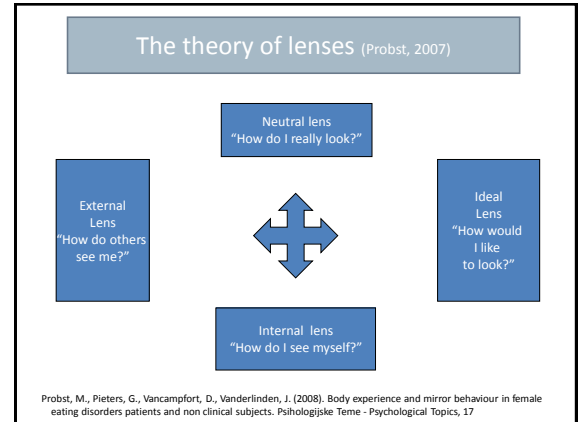
What are the goals for a body oriented therapy?

	A	U	O	S	R	N
	A	U	O	S	R	N
	A	U	O	S	R	N
	A	U	O	S	R	N
	A	U	O	S	R	N
1 When I compare myself with my peers/bodies, I'm dissatisfied with my own						
2 My body appears to be a messy thing						
3 My legs seem too broad to me						
4 I feel comfortable within my own body						
5 I have a strong desire to be thinner						
6 I think my breasts are too large						
7 I'm inclined to hide my body (e.g. by loose clothing)						
8 When I look at myself in the mirror, I'm dissatisfied with my own body						
9 It's nice for me to relax physically						
10 I think I'm too thick						
11 I find my body as a burden						
12 My body appears as if it is not mine						
13 Some parts of my body look excessive						
14 My body is a fatal for me						
15 My bodily appearance is very important to me						
16 My belly looks as if I am pregnant						
17 I feel some in my body						
18 I worry where for their physical appearance						
19 There are things going on in my body that frighten me						
20 I am observing my appearance in the mirror						

Body attitude Test

- 20 items, 6 point scale
- Maximum 100
- Reliability: intern consistency, test-retest- split half
- Validity: construct & criterion validity
- Cut-off scores
- Translated & validity assessment in different languages
- Norms are available

- Probst, M., Vandereycken, W., Van Coppenolle, H., Vanderlinden, J. (1995). Eating Disorders, treatment and prevention, 3, 133-145
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Goals for body oriented therapy in ED

- (Re-)building a realistic self-image
 - Get tuned in to the body
 - Awareness of the changes
 - Acceptance of the changes
- Curbing hyperactivity, tensions and impulses
- Communication: Developing social skills



“concretely formulated research goals...”



Conditions for good goals !

“SMART”

Specific – Measurable – Acceptable – Realistic – Time

Stepwise approach

GOAL SETTING

S SPECIFIC
M MEASURABLE
A ATTAINABLE
R RELEVANT
T TIME-BOUND

- At home.
- Seven floors: to take the stairs.
- with the goal to decrease the shortness of breath
- Next week: If I don't feel pain, I will take 3 times a week the elevator and climb stairs from the sixth floor to the seventh floor.
- I succeed if I am not shortness of breath. At that moment I will take the elevator to the fifth floor.
- This change in behavior will influence in a positive way my health.
- It has been proven that more exercise and climbing stairs leads to better physical health and less breathlessness.
- Within 6 months, I want to do all floors without breathing problems.

Postural awareness
Breathing exercises
Relaxation exercises
Sensory & body awareness
Massage
Physical activity, yoga, tai chi
Dance & expression
Mirror exercises
Problem solving exercises in group
Guided imagery exercises
Self-confrontation
Psycho-education

Posture



- As consequences of extreme and prolonged weight loss different complaints about defects and deformities of the trunk and posture problems arise
- Scoliosis, lumbar lordosis and kyphosis, wing stand shoulder blades.
- During recovery : attention for posture and balance of the strength of the various hypo- and hypertonic muscle groups
- Relation between posture and self esteem

Relaxation exercises

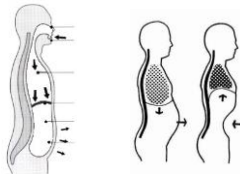
- Relaxation of Bernstein & Berkovec, based on the progressive relaxation

- Autogenuous training
- Tai chi
- Massage
- Yoga
- Mindfulness



Breathing exercises

- Especially those aimed at a lowering respiration frequency, amplifying abdominal respiration, and lengthening expiration - are often included in relaxation training.
- *The objective is not just to regulate respiration, it also facilitates learning how to sense one's own body.*



Body/movement awareness

- *"Body awareness is the ability to pay attention to ourselves to feel our sensations and movements online, along with the motivational and emotional feelings that accompany them in the present moment, without the mediating influence of judgmental thoughts". [Fogel 2009]*
- **Focus:** external and internal support, touch, power, balance, Stretching - tension – relaxation, rhythms,

Sensory awareness training



- These exercises aim at *discovering the body* through the senses in a non-threatening manner.
- *Being conscious of internal sensations* has a direct effect on the ability to recognize feelings. It is also the step to perceiving a mutual relation between bodily sensations and feelings.
 - **Body boundary exploration** concentrates on tactile awareness of the difference between one's body and the outside world.
 - **"Body scanning"** ("trip around the body") is a tactile exercise to explore the external manifestations of the body through touching and feeling of the body boundaries
 - **Adapted mindfulness exercises**

"Passive mobilisation"

- Body awareness (blind fold or not)
- Touch and be touched
- Control
 - to dare touching
 - to allow touching
- Relaxation
- Trust, cooperation, attention

Exercise : Mirror, mirror on the wall...

Is made of glass that has been coated on one side with a thin layer of reflective silver or aluminium plate.
Italy, 16th Century



The idea: habituation training

Intervention

- Mild, non judge, curious, respectful way
- To be more aware or familiar with the body
- The whole body & body parts (frontal and profile image)
- Psycho education
- The mental image
- Relation with self esteem
- Confrontation with their own
- Responsibility
- Discussion



Invitation
2 x /week: At 9 AM and 1PM
½ hour & ¼ hour discussion



The theory: habituation training

Physical activity



- Appropriated physical activity
 - Under supervision
 - Without supervision
- Benefits
 - Strength
 - Self-efficacy

Group therapy



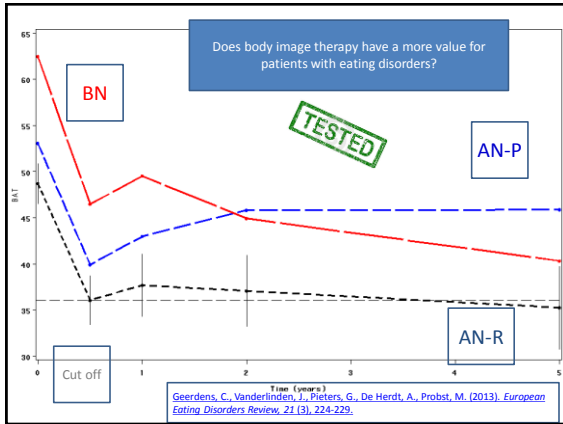
Psycho-education

- **The body**
 - The misconception about the (functioning) body
 - The misconception about hunger (feelings of hungry), fat distribution
- **Exercises**
 - What constitutes exercises?
 - The misconceptions about exercises (feelings about exercise)
 - To explain the energy balance

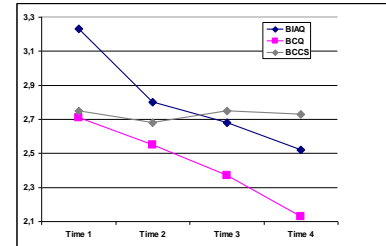
Probst, M., Goris, M., Vandereycken, W. (2001). The American Journal of Clinical Nutrition, 73, 190-197

Findings

- Patients have to convince themselves!
- Body image problems is an expression of a low self-esteem



Mirror exercises: evolution



Disability Rehabilitation

A systematic review of physical therapy interventions for patients with anorexia and bulimia nervosa

Geertens, C., Vanderlinden, J., Pieters, G., De Herdt, A., Probst, M., Adams, A., Gómez-Coneja, A., and Michael, P.

Physiotherapy for patients with anorexia nervosa

M. Probst¹, M.L. Majewski², M.N. Albertsen³, D. Catalan-Matamoros⁴, M. Danielsen⁵, A. De Herdt⁶, H. Dankova Zakova⁷, S. Fabricius⁸, C. Jansen⁹, G. Kjellstad¹⁰, M. Patovirta¹¹, S. Philip-Rafferty¹², E. Tyyskä¹³ and D. Vancampfort¹⁴

Advances in Eating Disorders: Theory, Research and Practice, 2013
http://dx.doi.org/10.1080/21602630.2013.798562

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(Received 14 March 2013; final version received 11 April 2013)

Subjective experience of ED patients with PT

- 82% of patients (N=100) indicated that they were satisfied with the body image therapy.
- The confrontation exercises prove very valuable and influence in a positive way the problems
- Patients with eating disorders experience the body image therapy as valuable
- Patients mentioned that it should be part of a treatment for patients with eating disorders.

Probst, M. (2007). Onderzoek in de psychomotorische therapie: de perceptie van de psychomotorische therapie door patiënten met eetstoornissen. In: Simons J. (Eds.), *Actuele thema's uit de psychomotorische therapie*. Leuven: Acco, 133-151.

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Conclusion:

Aerobic exercise, massage therapy and yoga body awareness tend to reduce diseases related to eating disorders.

Aerobic exercise, yoga and body awareness therapy tend to improve physical and mental capacity and therefore increase the quality of life.

Through confrontation with and awareness of the body a multidisciplinary approach attempts to alter the negative body experience into a more positive attitude. [i.e. combination of mirror exercises, video-images, mental exercises, active body exercises]

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- Probst, M., Van Coppenolle, H., Vandereycken, W. (1995). Body experience in anorexia nervosa patients: an overview of therapeutic approaches. *Eating Disorders*, 3, 186-198.
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"Searching for Utopia"

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Thank you for your attention !